

**CONSUMER EVALUATION
OF
COMMUNITY REHABILITATION AND TREATMENT
PROGRAMS IN VERMONT: FY2008**

TECHNICAL REPORT

July 2009

John A. Pandiani, PhD
john.pandiani@ahs.state.vt.us
802-241-2639

Barbara B. Carroll, EdD
barbara.carroll@ahs.state.vt.us
802-657-4341

Vermont Agency of Human Services
Department of Mental Health
Research and Statistics Unit
108 Cherry Street
Burlington, Vermont 05401

The authors of this report thank all who have contributed to this project. This work could not have been completed without the help of the staff of the Adult Unit and the Quality Management Team of the Vermont Department of Mental Health (DMH). The authors also thank the consumers who took the time to evaluate and comment on the Community Rehabilitation and Treatment services provided by the Community Mental Health Centers in Vermont. Copies of this report and other reports describing consumer and stakeholder evaluations of community mental health programs in Vermont are available online at: <http://healthvermont.gov/mh/docs/res-eval/research-evaluation.aspx>

FOREWORD

Community mental health services for adults with severe and persistent mental illness in Vermont are provided by Community Rehabilitation and Treatment (CRT) Programs administered by ten community mental health centers. The FY2008 survey of consumers served by CRT programs in Vermont is one part of a larger effort to monitor community mental health program performance from the perspective of service recipients. These evaluations will be used in conjunction with measures of program performance drawn from existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations will allow a variety of stakeholders to compare the performance of community-based mental health programs in Vermont, and to support local programs in their ongoing quality-improvement process.

The results of this survey should be considered in light of previous consumer- and stakeholder-based evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous surveys of consumers in CRT programs took place in 1997, 2001, 2003, 2006 and 2007. These evaluations should also be considered in light of measures of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of administrative databases. Many of these indicators are published in the annual Department of Mental Health (DMH) Statistical Reports and weekly Performance Indicator Project reports (PIPs), available in hard copy from the Vermont DMH Research and Statistics Unit or online at <http://healthvermont.gov/mh/docs/res-eval/research-evaluation.aspx> .

This approach to program evaluation assumes that program performance is a multidimensional phenomenon best understood on the basis of a variety of indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's CRT programs, the subjective evaluations of the consumers who were served.

CONTENTS

SUMMARY OF FINDINGS	1
Statewide Results	1
Differences among Programs	2
Overall Consumer Evaluation	2
Consumer Evaluation of Access	3
Consumer Evaluation of Service	3
Consumer Evaluation of Respect	4
Consumer Evaluation of Autonomy	4
Consumer Evaluation of Outcomes	4
Comparison with Previous Surveys	5
APPENDIX I	6
Pre-notification Letter to Consumers	7
First Cover Letter	8
Follow-up Cover Letter	9
APPENDIX II	10
Vermont Community Rehabilitation and Treatment Consumer Survey	11
APPENDIX III	13
Project Philosophy	14
APPENDIX IV	15
Data Collection Procedures	16
Scale Construction and Characteristics	16
Consumer Concerns	18
Data Analysis	19
Case-mix Adjustment	19
Discussion	20
APPENDIX V	21
Response Rates by Program	22
Adjusted Scale Scores by Program	23
Positive Responses to Individual Items by Program	24
Overall Evaluation	26
Evaluation of Access	27
Evaluation of Service	28
Evaluation of Respect	29
Evaluation of Autonomy	30
Evaluation of Outcomes	31
Positive and Negative Comments	32
APPENDIX VI	33
Community Rehabilitation and Treatment Programs in Vermont	33

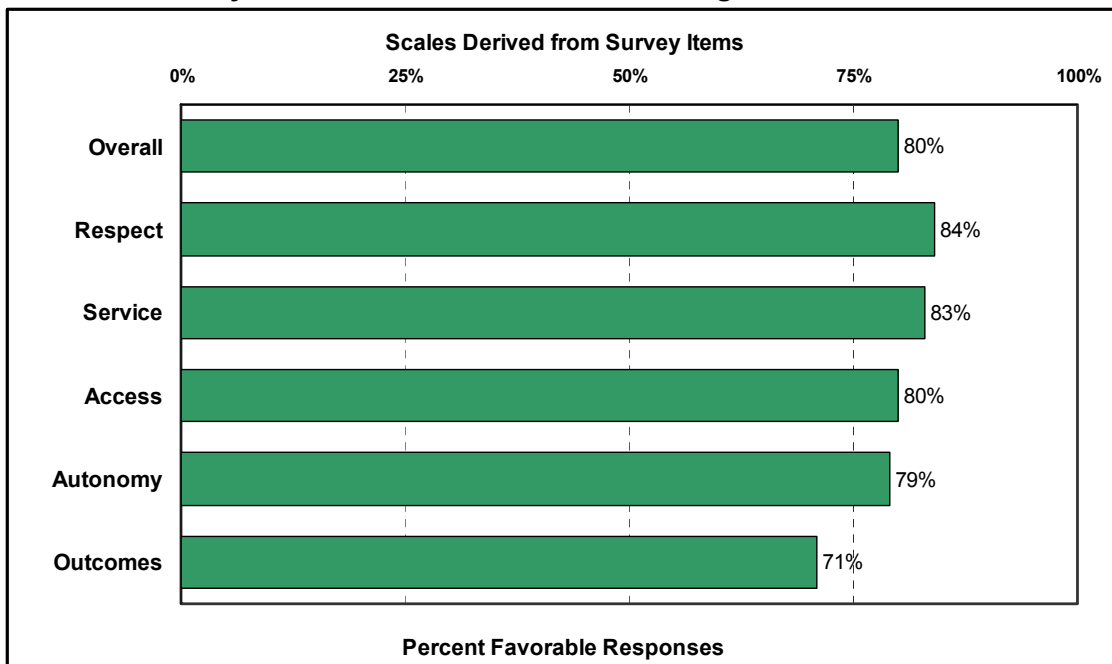
SUMMARY OF FINDINGS
CONSUMER EVALUATION
COMMUNITY REHABILITATION AND TREATMENT PROGRAMS IN VERMONT

Statewide Results

The majority of consumers served by CRT programs at Community Mental Health Centers in Vermont rated their programs favorably. (Appendix V, Table 3, provides an item-by-item summary of responses to the fixed-alternative items.) The most favorably rated item was “*Staff treated me with respect,*” with 92% of consumers agreeing or strongly agreeing with that item. Other favorably rated aspects of care were “*Most of the services I get are helpful*” (87% favorable), “*Staff respect my rights*” (87% favorable), and “*Staff encourage me to adopt and maintain a healthy life style*” (87% favorable). The least favorably rated items were related to outcomes of treatment. Fifty-six percent felt that “*I do better at work and/or in school.*” Sixty-one percent indicated that “*I feel I belong in my community,*” and 62% indicated that “*I do better in social situations.*”

There were significant differences in consumers' ratings of CRT programs on the six scales derived from responses to the survey items. Eighty percent of consumers rated programs favorably *overall*. Some aspects of program performance were rated more favorably than other aspects. The survey items related to *respect* (84% favorable) and *service* (83% favorable) received more favorable responses than items related to *access* (80% favorable) or *autonomy* (79% favorable). Survey items related to *outcomes* received the least favorable responses (71%).

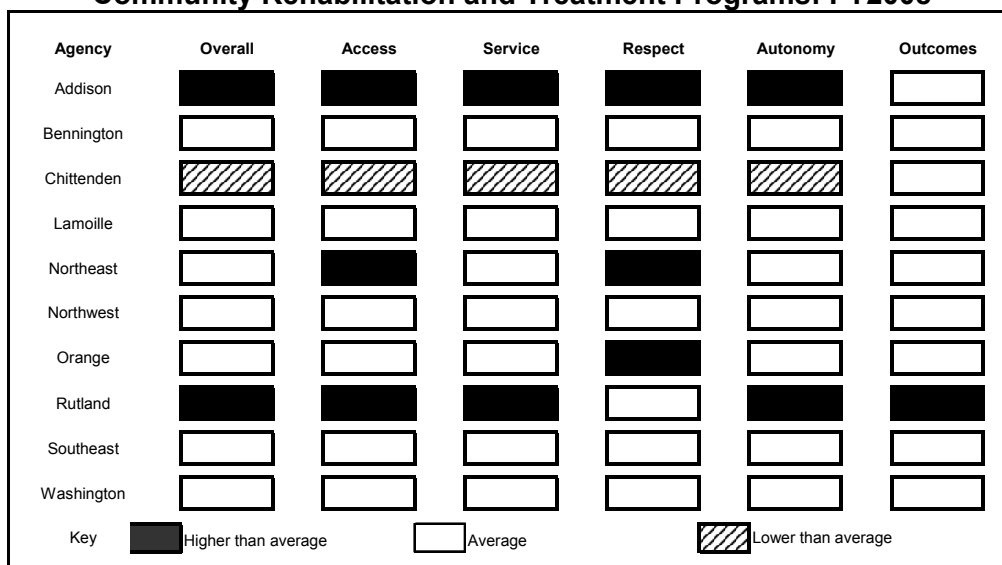
**Favorable Consumer Evaluation
Of Community Rehabilitation and Treatment Programs in Vermont: FY2008**



Differences among Programs

Consumer evaluations of Community Rehabilitation and Treatment programs at Vermont's ten regional Community Mental Health Centers were generally favorable. In order to provide a comprehensive overall evaluation of program performance, consumer ratings of each program were compared to the statewide average for each of the scales (see Appendix V). These comparisons showed some variation among providers. Combined, these results provide a succinct portrait of consumers' evaluations of CRT programs in Vermont in the period July to December 2006.

Positive Consumer Evaluation of Community Rehabilitation and Treatment Programs: FY2008



The CRT program in the Addison region received significantly higher scores than the statewide average on five of the six scales based on fixed-alternative items (*overall*, *access*, *service*, *respect*, and *autonomy*). The CRT program in the Rutland region also received significantly higher scores than the statewide average on five of the six scales (*overall*, *access*, *service*, *autonomy*, and *outcomes*). The CRT program in the Northeast Kingdom region received significantly higher scores than the statewide average on two scales (*access* and *respect*), and the CRT program in the Orange County region received significantly higher scores on one scale (*respect*). The CRT program in the Chittenden County region received significantly lower scores on five of the six scales based on fixed-alternative items (*overall*, *access*, *service*, *respect*, and *autonomy*). Consumer evaluations of the CRT programs in the Bennington, Lamoille, Northwestern, Rutland, Southeastern and Washington County regions were not significantly different from the statewide average on any of these scales.

Overall Consumer Evaluation

The measure of overall consumer satisfaction with each of the ten Community Mental Health Center CRT programs in this study is based on consumers' responses to 44 fixed-alternative items. The composite measure of **overall** consumer satisfaction was created by counting the number of respondents with positive responses, "Strongly Agree" or "Agree." (For details of scale construction, see Appendix IV.) Statewide, 80% of the consumers rated their CRT

programs favorably on the *overall* scale. For this scale, the CRT programs in the Addison and Rutland regions received scores that were significantly higher than the statewide average (95% and 89% respectively). The CRT program in the Chittenden region received a score (65%) that was significantly lower than the statewide average. Scores for other CRT programs did not differ from the statewide average for this scale (see Appendix V, Table 4).

Consumer Evaluation of Access

Consumers' perception of **access** to the services of the CRT programs, the second composite measure, was derived from responses to seven fixed-alternative items:

4. The location of the services is convenient.
5. Staff are willing to see me as often as I feel it is necessary.
7. Staff return my calls within 24 hours.
8. Services are available at times that are good for me.
9. I am able to get the services I need.
10. I am able to see a psychiatrist when I want to.
21. Staff are sensitive to my cultural background (race, religion, language, etc.).

Statewide, 80% of the consumers rated their CRT programs favorably on the *access* scale. For this scale, three CRT programs received scores that were significantly higher than the statewide average: Addison (95%), Northeast (89%), and Rutland (90%). The CRT program in the Chittenden region received a score (67%) that was significantly lower than the statewide average. Scores for other CRT programs did not differ from the statewide average for this scale (see Appendix V, Table 5).

Consumer Evaluation of Service

Consumers' ratings of the quality of their CRT program's **service**, the third composite measure, were derived from responses to ten fixed-alternative items:

1. I like the services that I receive.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.
9. I am able to get the services I need.
23. Most of the services I receive are helpful.
24. Staff I work with are competent and knowledgeable.
25. Staff treat me with respect.
26. Staff help me to solve problems when they arise.
27. Staff and services are responsive to my changing needs.
28. Staff encourage me to adopt and maintain a healthy life style.

Statewide, 83% of the consumers rated their CRT programs favorably on the *service* scale. For this scale, two CRT programs received scores that were significantly higher than the statewide average: Addison (96%) and Rutland (91%). The CRT program in the Chittenden region received a score (72%) that was significantly lower than the statewide average. Scores for other CRT programs did not differ from the statewide average for this scale (see Appendix V, Table 6).

Consumer Evaluation of Respect

Consumers' ratings of the **respect** with which they were treated, the fourth composite measure, were derived from responses to eight fixed-alternative items:

7. Staff return my calls within 24 hours.
11. Staff believe I can grow, change, and recover.
12. My questions about treatment and/or medication are answered to my satisfaction.
13. I feel free to complain.
14. I have been given information about my rights.
15. Staff respect my rights.
21. Staff are sensitive to my cultural background (race, religion, language, etc.).
25. Staff treat me with respect.

Statewide, 84% of the consumers rated their CRT programs favorably on the *respect* scale. For this scale, three CRT programs received scores that were significantly higher than the statewide average: Addison (98%), Northeast (91%), and Orange (95%). The CRT program in the Chittenden region received a score (75%) that was significantly lower than the statewide average. Scores for other CRT programs did not differ from the statewide average for this scale (see Appendix V, Table 7).

Consumer Evaluation of Autonomy

Consumers' ratings of their **autonomy**, the next composite measure based on responses to fixed-alternative items, include the responses to five items:

17. Staff encourage me to take responsibility for how I live my life.
18. Staff tell me what medication side effects to watch out for.
19. Staff respect my wishes about who is, and is not, to be given information about my treatment.
20. I, not staff, decide my treatment goals.
22. Staff help me get the information I need so that I can take charge of managing my illness.

Statewide, 79% of the consumers rated their CRT programs favorably on the *autonomy* scale. The CRT programs in the Addison and Rutland regions received scores that were significantly higher than the statewide average (94% and 87% respectively). The CRT program in the Chittenden region received a score (71%) that was significantly lower than the statewide average. The scores for all other CRT programs did not differ from the statewide average for this scale (see Appendix V, Table 8).

Consumer Evaluation of Outcomes

Consumers' ratings of **outcomes**, the final composite measure based on responses to fixed-alternative items, includes the responses to sixteen items:

29. I deal more effectively with daily problems.
30. I am better able to control my life.
31. I am better able to deal with crisis.

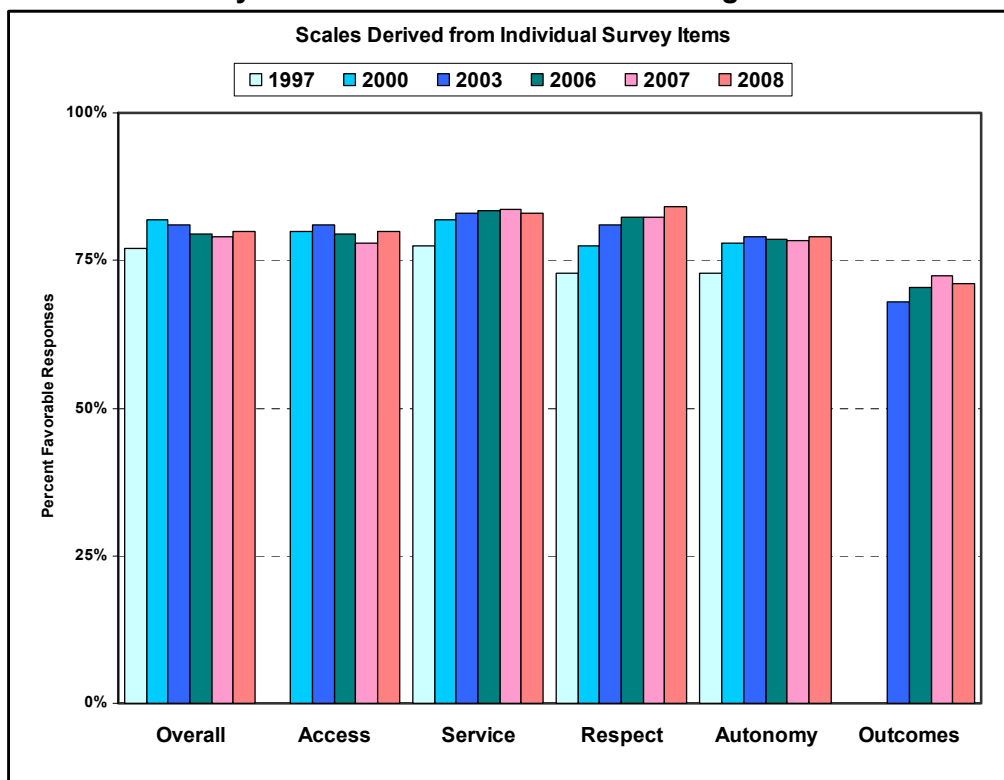
- 32. I am getting along better with my family.
- 33. I do better in social situations.
- 34. I do better at school and/or work.
- 35. My housing situation has improved.
- 36. My symptoms are not bothering me as much.
- 37. I do things that are more meaningful to me.
- 38. I am better able to take care of my needs.
- 39. I am better able to handle things when they go wrong.
- 40. I am better able to do things that I want to do.
- 41. I am happy with the friendships I have.
- 42. I have people with whom I can do enjoyable things.
- 43. I feel I belong in my community.
- 44. In a crisis, I would have the support I need from family or friends.

Statewide, 71% of the consumers rated their CRT programs favorably on the *outcomes* scale. The CRT program in the Rutland region received a score (82%) that was significantly higher than the statewide average. The scores for all other CRT programs did not differ from the statewide average for this scale (see Appendix V, Table 9).

Comparison with Previous Surveys

Statewide, scale scores for *respect* show steady increases from 1997 to 2008. There has been very little change in consumers' evaluations of CRT programs in Vermont on any of the other scales.

Favorable Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont



APPENDIX I
LETTERS

Pre-notification Letter to Consumers

First Cover Letter

Follow-up Cover Letter

Pre-notification Letter to Consumers



State of Vermont
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
healthvermont.gov/mh

[phone] 802-652-2000
[Legal] 802-657-4310
[fax] 802-652-2005
[tty] 800-253-0191

Agency of Human Services

<<AddressBlock>>

<<date>>

Dear <<Fname>>:

A few days from now you will receive in the mail a request to fill out a brief questionnaire as part of our annual evaluation of community mental health services in Vermont. The questions are about how you feel about the community mental health services you have received.

I am writing in advance because we have found that many people like to know ahead of time that they will be contacted. Our annual evaluation of community mental health services helps us to understand better what works and what does not work, so that your services can be of high quality and you can achieve the outcomes you want.

Thank you in advance for your time and consideration. It's only with the generous help of people like you that our evaluation can be successful.

Sincerely,

A handwritten signature in cursive that reads "Michael Hartman".

Michael Hartman, Commissioner
Department of Mental Health

<<ID>>

First Cover Letter



State of Vermont
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
healthvermont.gov/mh

[phone] 802-652-2000
[Legal] 802-657-4310
[fax] 802-652-2005
[tty] 800-253-0191

Agency of Human Services

<<address block>>

<<date>>

Dear <<Fname>>,

I am writing to ask you to help us evaluate community mental health services in Vermont. The enclosed questions are short and easy to answer. Consumers and family members have reviewed the survey and consider your feedback to be very important.

Your opinions and responses are of great value. We need to know what works and what does not work so that:

- ◆ you have access to services when needed;
- ◆ your services are of high quality; and
- ◆ you can achieve the outcomes you want.

Your participation in this survey is voluntary. Your responses will not be available to anyone other than our research staff. Results will be reported only in aggregate form and will not identify specific individuals. The code on the questionnaire will assure that you do not receive a second questionnaire after you answer this one.

If you have any questions, please feel free to call Melinda Murtaugh at (802) 652-2000 or, toll-free in Vermont only, at (888) 212-4677. If you would like us to send you a summary report of survey results, please check the box at the end of the survey.

Thank you in advance for your participation. We appreciate your responses.

Sincerely,

A handwritten signature in black ink that reads "Michael Hartman".

Michael Hartman, Commissioner
Department of Mental Health

<<ID>>

Follow-up Cover Letter



State of Vermont
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
healthvermont.gov/mh

[phone] 802-652-2000
[Legal] 802-657-4310
[fax] 802-652-2005
[tty] 800-253-0191

Agency of Human Services

<<AddressBlock>>

<<date>>

Dear <<Fname>>:

I am writing to encourage you to complete and return the mental health service evaluation you received several weeks ago. In case you did not receive the original survey, or misplaced it, I have enclosed another copy for your convenience. If you have already completed and returned your survey, please disregard this letter.

Your responses to this survey will not be available to anyone other than Department of Mental Health research staff.

We hope your response will help to improve the quality of mental health care received by Vermonters. If you have any questions, please feel free to call Melinda Murtaugh at 802-652-2000 or, toll free in the State of Vermont only, at 1-888-212-4677.

Thank you for your help on this important project.

Sincerely,

A handwritten signature in black ink that reads "Michael Hartman".

Michael Hartman, Commissioner
Department of Mental Health

<<mclient>>

APPENDIX II

Vermont Community Rehabilitation and Treatment Consumer Survey

Vermont Mental Health Consumer Satisfaction Survey

Please circle the number that best represents your response to each of the following statements about the mental health services you have received in the last year from <<clinic>>.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. I like the services that I receive	1	2	3	4	5
2. If I had other choices, I would still get services from this agency	1	2	3	4	5
3. I would recommend this agency to a friend or family member	1	2	3	4	5
4. The location of the services is convenient (parking, public transportation, distance, etc.)	1	2	3	4	5
5. Staff are willing to see me as often as I feel it is necessary	1	2	3	4	5
6. I am satisfied with my progress in terms of growth, change and recovery ...	1	2	3	4	5
7. Staff return my calls within 24 hours	1	2	3	4	5
8. Services are available at times that are good for me	1	2	3	4	5
9. I am able to get the services I need	1	2	3	4	5
10. I am able to see a psychiatrist when I want to	1	2	3	4	5
11. Staff believe that I can grow, change and recover	1	2	3	4	5
12. My questions about treatment and/or medication are answered to my satisfaction	1	2	3	4	5
13. I feel free to complain	1	2	3	4	5
14. I have been given information about my rights	1	2	3	4	5
15. Staff respect my rights	1	2	3	4	5
16. I am encouraged to use consumer run programs (support groups, drop-in centers, crisis lines etc)	1	2	3	4	5
17. Staff encourage me to take responsibility for how I live my life	1	2	3	4	5
18. Staff tell me what medication side effects to watch for	1	2	3	4	5
19. Staff respect my wishes about who is, and is not, to be given information about my treatment	1	2	3	4	5
20. I, not staff, decide my treatment goals	1	2	3	4	5
21. Staff are sensitive to my cultural background (race, religion, language, etc.)	1	2	3	4	5
22. Staff help me get the information I need so that I can take charge of managing my illness	1	2	3	4	5
23. Most of the services I get are helpful	1	2	3	4	5
24. Staff I work with are competent and knowledgeable	1	2	3	4	5

PLEASE TURN OVER AND ANSWER QUESTIONS

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
25. Staff treat me with respect	1	2	3	4	5
26. Staff help me to solve problems when they arise	1	2	3	4	5
27. Staff and services are responsive to my changing needs	1	2	3	4	5
28. Staff encourage me to adopt and maintain a healthy life style	1	2	3	4	5

The services I received from <<clinic>> helped me:

29. I deal more effectively with daily problems	1	2	3	4	5
30. I am better able to control my life	1	2	3	4	5
31. I am better able to deal with a crisis	1	2	3	4	5
32. I am getting along better with my family	1	2	3	4	5
33. I do better in social situations	1	2	3	4	5
34. I do better at work and/or school	1	2	3	4	5
35. My housing situation has improved	1	2	3	4	5
36. My symptoms are not bothering me as much	1	2	3	4	5
37. I do things that are more meaningful to me	1	2	3	4	5
38. I am better able to take care of my needs	1	2	3	4	5
39. I am better able to handle things when they go wrong	1	2	3	4	5
40. I am better able to do things that I want to do	1	2	3	4	5

For questions 41 – 44 please answer for relationships with persons other than your mental health providers.

41. I am happy with the friendships I have	1	2	3	4	5
42. I have people with whom I can do enjoyable things	1	2	3	4	5
43. I feel I belong in my community	1	2	3	4	5
44. In a crisis, I would have the support I need from family or friends	1	2	3	4	5

Comments:

Please check this box if you would like a summary of the findings of the survey.

Thank You!

APPENDIX III

Project Philosophy

Project Philosophy

This survey was designed with two goals in mind. First, the project was designed to provide an assessment of program performance by consumers that would allow a variety of stakeholders to compare the performance of Community Rehabilitation and Treatment (CRT) programs in Vermont. These stakeholders, who are the intended audience for this report, include consumers, families, caregivers, program administrators, funding agencies, and members of the general public. The survey findings will be an important part of the local agency designation process conducted by DMH. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give consumers who receive mental health services a voice and to provide a setting in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, a sample of 75% of CRT consumers was invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare even small programs across the state and to provide consumers with a voice in the evaluation of their programs.

Second, survey responses were not anonymous, although all responses are treated as personal/confidential information. An obvious code on each survey form allowed the research team to link survey responses with other data about respondents (e.g., age, sex, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or other bias due to differences in the caseload of different programs and to apply analytical techniques that control the effect of the bias.

The ability to connect survey responses to personally identifying information also allowed Department of Mental Health staff to contact respondents if strong complaints were received or potentially serious problems were indicated. Consumers were given the opportunity to express their concerns in an open-ended comment at the end of the survey. Written comments accompanied 23% of all returned surveys. Assigned staff of the Department of Mental Health reviewed each comment. These comments expressed a wide range of concerns. Whenever a written comment indicated the possibility of a problem involving the health or safety of a client, or potential ethical or legal problems, a formal follow-up procedure was initiated through correspondence with the client. Formal grievance and complaint procedures were also available for use by clients at each designated agency.

Third, statistical procedures were used to assure that any apparent differences among programs were not due to differences in caseload characteristics, and to assure that measures of statistical significance were sensitive to response rates achieved by this study. These procedures are described in more detail in Appendix IV.

APPENDIX IV
ANALYTICAL PROCEDURES

Data Collection Procedures

Scale Construction and Characteristics

Consumer Concerns

Data Analysis

Case-mix Adjustment

Discussion

Data Collection Procedures

Surveys were mailed to a random stratified sample of 75% of all consumers who received Medicaid-reimbursed services from CRT programs in Vermont during July through December 2007. A pre-notification letter (no survey included) was mailed in early August, 2008 to a randomly selected half of the 2,133 consumers in the sample by the DMH Adult Unit central office staff. The mailing of this pre-notification letter was followed within a week by the mailing of the surveys to all 2,133 consumers. A follow-up letter was mailed about two weeks after the first survey mailing. In all, 254 surveys were returned as undeliverable.

Useable surveys were received from 40% of 1,879 potential respondents, the highest response rate for this survey since 2003. Response rates for individual CRT programs varied from 50% (Bennington) to 33% (Orange and Lamoille) (see Appendix V, Table 1). Response rates from previous Vermont CRT surveys declined from 53% in 1997, to 50% in 2000, 45% in 2003, 36% in 2006, and 19% in 2007.

The proportion of clients who responded to the survey increased with increasing age. Female clients responded to the survey more frequently than male clients. Clients with a diagnosis of an affective disorder had the highest response rate (43%), followed by those with a diagnosis of a personality disorder (41%) and those with a diagnosis of schizophrenia and other psychoses (39%). Least likely to respond to the survey were clients with a diagnosis of an adjustment disorder (30%) or an organic brain syndrome (27%). It should be noted that clients can have up to four diagnoses, so many are reported in more than one diagnostic category.

Scale Construction and Characteristics

The Vermont survey of consumers who had been served by CRT programs included forty-four fixed-alternative items. Responses to the survey items were entered directly into a computer database for analysis. For purposes of analysis, one scale (*overall*) was constructed from responses to all forty-four survey items, and five additional subscales (*access*, *service*, *respect*, *autonomy*, and *outcomes*) were constructed from responses to a varying number of specific items.

Responses to all survey items were coded according to whether they were positive or not. The scores for the scale items were summed and divided by the number of items answered. This average score then became the score for the scale. Scale responses of "1" or "2" ("Strongly Agree" or "Agree") indicated a positive evaluation of program performance. Individuals who responded to half or fewer of the items in any scale were excluded from the computation for that scale. Several fixed-alternative items were included in more than one scale.

Overall consumer evaluation of Community Rehabilitation and Treatment program performance, the first composite measure, uses 44 fixed-alternative items. The internal consistency of the *overall* scale as measured by average inter-item correlation (Cronbach's Alpha) is 0.979.

Access, the second composite measure, was derived from consumer responses to seven of the fixed-alternative items. The items that contributed to this scale include:

4. The location of the services is convenient.
5. Staff are willing to see me as often as I feel it is necessary.
7. Staff return my calls within 24 hours.

8. Services are available at times that are good for me.
9. I am able to get the services I need.
10. I am able to see a psychiatrist when I want to.
21. Staff are sensitive to my cultural background (race, religion, language, etc.).

The *access* scale was constructed for all individuals who had responded to at least four of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach’s Alpha) is 0.885.

Evaluation of *service*, the third composite measure, was derived from consumer responses to ten of the fixed-alternative items. The items that contributed to this scale are:

1. I like the services that I receive.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.
9. I am able to get the services I need.
23. Most of the services I receive are helpful.
24. Staff I work with are competent and knowledgeable.
25. Staff treat me with respect.
26. Staff help me to solve problems when they arise.
27. Staff and services are responsive to my changing needs.
28. Staff encourage me to adopt and maintain a healthy life style.

The *service* scale was constructed for all individuals who had responded to at least six of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach’s Alpha) is 0.955.

Respect, the fourth composite measure, was derived from consumer responses to eight fixed-alternative items. The items that contributed to this scale include:

7. Staff return my calls within 24 hours.
11. Staff believe I can grow, change, and recover.
12. My questions about treatment and/or medication are answered to my satisfaction.
13. I feel free to complain.
14. I have been given information about my rights.
15. Staff respect my rights.
21. Staff are sensitive to my cultural background (race, religion, language, etc.).
25. Staff treat me with respect.

The *respect* scale was constructed for all individuals who had responded to at least five items in the scale. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach’s Alpha) is 0.914.

Autonomy, the next composite measure, was derived from consumer responses to five fixed-alternative items. The items that contributed to this scale include:

17. Staff encourage me to take responsibility for how I live my life.
18. Staff tell me what medication side effects to watch out for.
19. Staff respect my wishes about who is, and is not, to be given information about my treatment.
20. I, not staff, decide my treatment goals.
22. Staff help me get the information I need so that I can take charge of managing my illness.

The *autonomy* scale was constructed for all individuals who had responded to at least three items used in the scale. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha), is 0.861.

Outcomes, the last composite measure, was derived from consumer responses to sixteen fixed-alternative items. The items that contributed to this scale include:

29. I deal more effectively with daily problems.
30. I am better able to control my life.
31. I am better able to deal with crisis.
32. I am getting along better with my family.
33. I do better in social situations.
34. I do better at school and/or work.
35. My housing situation has improved.
36. My symptoms are not bothering me as much.
37. I do things that are more meaningful to me.
38. I am better able to take care of my needs.
39. I am better able to handle things when they go wrong.
40. I am better able to do things that I want to do.
41. I am happy with the friendships I have.
42. I have people with whom I can do enjoyable things.
43. I feel I belong in my community.
44. In a crisis, I would have the support I need from family or friends.

The *outcomes* scale was constructed for all individuals who had responded to at least nine items used in the scale. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is 0.956.

Consumer Concerns

Consumers were given the opportunity to comment at the end of the 2008 CRT survey. Written comments accompanied 23% of all returned questionnaires, fewer than on any of the previous CRT surveys. Staff of the Department of Mental Health reviewed each comment. Four comments were received that required action from staff. In three cases, clients were sent a letter offering a copy of the CRT client handbook and assistance with follow-up if needed. One comment suggested that immediate responsive action would be appropriate, Emergency Services was notified, and the client was informed that their comment had been referred to

Emergency Services. No further communications were received by DMH staff from these four clients.

Open-ended comments were coded as positive or negative for analysis. Comments accompanied 86% of received surveys in 1997, 85% of received surveys in 2000, 81% of received surveys in 2003, 80% of received surveys in 2006, and 32% in 2007. In 2008, comments accompanied 23% of received surveys: 14% of respondents made positive comments only, 6% made negative comments only, and 3% made both positive and negative comments.

Data Analysis

In order to provide a valid basis for comparison of the performance of Vermont’s ten Community Rehabilitation and Treatment Programs, two statistical correction/adjustment procedures were considered for the data analysis. A statistical “case mix adjustment” was applied to the results in order to eliminate any bias that might be introduced by dissimilarities among the client populations served by different CRT programs. It was not necessary to use a “finite population correction” to adjust for the proportion of all potential respondents who returned useable questionnaires.

Case-mix Adjustment

In order to compare more fairly the performance of Vermont’s CRT programs, each of the six measures of consumer satisfaction described above were statistically adjusted to account for differences in client characteristics in the case mix of the ten programs. This process involved three steps.

First, three potential case-mix adjustment factors were evaluated. These included client gender, age, and diagnosis (schizophrenia and other psychoses, affective disorder, anxiety disorder, personality disorder, adjustment disorder, or substance abuse). The client characteristics that were statistically related to variation in consumer evaluation of CRT programs were identified. Second, statistically significant differences in the caseloads of the community programs were identified and compared to the client characteristics that were related to variation in evaluations of program performance. Finally, client characteristics that were related to evaluation of services and that varied among caseloads were used to adjust the raw measures of satisfaction for each community program. The relationship of each of the scales to client characteristics and the variation of each across programs is identified in the following table:

Case-mix Adjustment: Statistical Significance of Relationships (p<.05)

Potential Case-mix Adjustment Factors	Agency Case Mix	Fixed Alternative Scales					
		Overall	Service	Respect	Autonomy	Access	Outcomes
Age	*		*				
Gender							
Schizophrenia	*	*	*			*	*
Affective Disorder							*
Anxiety Disorder	*	*					*
Personality Disorder	*					*	*
Adjustment Disorder	*						
Substance Abuse	*						

If a statistical adjustment of survey results was necessary to provide an unbiased comparison of CRT programs, the analysis followed a four-step process. First, the respondents from each community program are divided into the number of categories resulting from the combination of case-mix adjustment factors. When age alone is required, three categories are used. When age (three categories) and schizophrenia (two categories) adjustments are both indicated, six categories result. Second, the average (mean) consumer rating is determined for each of these categories. Third, the proportion of all CRT program clients statewide in each category is determined. Finally, the mean consumer rating for each category is multiplied (weighted) by the statewide proportion of all potential respondents within that category. The results are summed to provide a measure of consumer rating that is free of the influence of differences in the case mix of consumers across programs.

Mathematically, this analytical process is expressed by the following formula:

$$\sum w_i \bar{X}_i$$

Where ' w_i ' is the proportion of all potential respondents who, for example, fall into age category 'i', and ' \bar{X}_i ' is the average level of satisfaction for people in age group 'i'.

When one of the categories used in this analysis includes no responses, it is necessary to reconsider if the difference between the caseload of a specific program and the caseload of other programs in the state is too great to allow for statistical case-mix adjustment. If the difference is within reason, the empty category is collapsed into an adjacent category and the process described above is repeated using the smaller set of categories.

For this survey, six of the eight potential case-mix adjustment factors were found to vary among CRT agencies at a statistically significant level ($p < .05$). These factors included the age of respondents, the proportion of respondents with a diagnosis of schizophrenia or other psychosis, the proportion with a diagnosis of anxiety disorder, the proportion with a diagnosis of personality disorder, the proportion with a diagnosis of adjustment disorder, and the proportion with a diagnosis of substance abuse. Agencies did not differ in case mix in terms of the gender of the consumers they served or the proportion of respondents with a diagnosis of affective disorder.

Four scales varied with several of the potential case-mix adjustment factors. *Overall* varied with diagnoses of schizophrenia and anxiety disorder, *service* varied with age and diagnosis of schizophrenia, *access* varied with diagnoses of schizophrenia and personality disorder, and *outcomes* varied with diagnoses of schizophrenia, affective disorder, anxiety disorder and personality disorder.

Discussion

The statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the unique characteristics of Vermont's Community Mental Health programs. Statistical adjustment for difference in case mix allows researchers and program evaluators to compare the performance of programs that serve people with different demographic and clinical characteristics as well as different patterns of service utilization.

APPENDIX V
TABLES AND FIGURES

Response Rates by Program
Positive Responses to Individual Items by Program
Positive Scale Scores by Program
Provider Comparisons

Table 1
Response Rates by Program

Region/Provider ¹	Number					Response Rate
	Mailed	Deliverable	No Response	Returned	Useable Survey	Analyzed ²
Statewide	2,133	1,879	1,104	775	759	40%
Addison - CSAC	124	115	64	51	50	43%
Bennington - UCS	128	113	57	56	56	50%
Chittenden - HC	462	414	244	170	163	39%
Lamoille - LCMH	95	80	54	26	26	33%
Northeast - NKHS	254	224	136	88	88	39%
Northwest - NCSS	165	139	71	68	67	48%
Orange - CMC	126	111	73	38	37	33%
Rutland - RMHS	204	179	95	84	84	47%
Southeast - HCRS	265	230	134	96	95	41%
Washington - WCMH	310	274	176	98	93	34%

¹ Appendix VI gives the full name and location of each of the ten designated CMHCs.

² Questionnaires that were deliverable, completed and used for analysis.

Table 2
Adjusted Scale Scores* by Program

Region-Provider	Overall	Access	Service	Respect	Autonomy	Outcomes
Statewide	80%	80%	83%	84%	79%	71%
Addison -CSAC	95%	95%	96%	98%	94%	80%
Bennington -UCS	80%	76%	81%	84%	73%	73%
Chittenden -HC	65%	67%	72%	75%	71%	63%
Lamoille -LCMH	70%	81%	73%	73%	73%	62%
Northeast -NKHS	85%	89%	85%	91%	80%	65%
Northwest -NCSS	83%	81%	87%	85%	85%	75%
Orange -CMC	82%	84%	89%	95%	81%	67%
Rutland -RMHS	89%	90%	91%	90%	87%	82%
Southeast -HCRS	83%	82%	78%	83%	76%	75%
Washington -WCMH	80%	79%	81%	82%	77%	64%

* Overall scores, and scores for Access, Service, and Outcomes are adjusted as appropriate for differences in case mix for age and/or diagnoses of schizophrenia and other psychoses, anxiety disorder or personality disorder by region.

For each scale, numbers in **BOLD** indicate significant differences when compared to the statewide average (p<.05).

Table 3

Positive Responses to Individual Items by Program

	<u>Statewide</u>	<u>Addison</u>	<u>Bennington</u>	<u>Chittenden</u>	<u>Lamoille</u>	<u>Northeast</u>	<u>Northwest</u>	<u>Orange</u>	<u>Rutland</u>	<u>Southeast</u>	<u>Washington</u>
25. <i>Staff treat me with respect.</i>	92%	100%	93%	88%	80%	95%	95%	97%	95%	90%	89%
23. <i>Most of the services I get are helpful.</i>	87%	98%	85%	83%	85%	92%	91%	94%	89%	83%	84%
15. <i>Staff respect my rights.</i>	87%	96%	91%	80%	77%	94%	88%	94%	92%	86%	85%
28. <i>Staff encourage me to adopt and maintain a healthy life style.</i>	87%	94%	89%	79%	84%	87%	94%	97%	90%	86%	85%
24. <i>Staff I work with are competent and knowledgeable.</i>	86%	94%	87%	83%	73%	91%	88%	81%	88%	84%	88%
14. <i>I have been given information about my rights.</i>	86%	90%	93%	75%	77%	91%	88%	92%	90%	87%	89%
1. <i>I like the services that I receive.</i>	86%	96%	83%	76%	80%	89%	90%	95%	93%	84%	87%
19. <i>Staff respect my wishes about who is, and is not, to be given information about my treatment.</i>	86%	96%	89%	73%	73%	89%	94%	89%	96%	82%	87%
17. <i>Staff encourage me to take responsibility for how I live my life.</i>	85%	96%	85%	78%	81%	77%	94%	92%	90%	84%	88%
8. <i>Services are available at times that are good for me.</i>	84%	94%	80%	78%	85%	90%	86%	86%	87%	83%	83%
26. <i>Staff help me to solve problems when they arise.</i>	84%	96%	82%	80%	80%	82%	89%	94%	89%	84%	79%
4. <i>The location of the services is convenient (parking, public transportation, distance, etc.).</i>	84%	92%	84%	81%	81%	77%	85%	92%	92%	83%	80%
3. <i>I would recommend this agency to a friend or family member.</i>	82%	90%	78%	73%	62%	89%	84%	86%	91%	82%	83%
5. <i>Staff are willing to see me as often as I feel it is necessary.</i>	81%	87%	75%	71%	81%	88%	80%	86%	85%	84%	84%
9. <i>I am able to get the services I need.</i>	80%	90%	75%	72%	69%	86%	85%	86%	89%	76%	83%
21. <i>Staff are sensitive to my cultural background (race, religion, language, etc.).</i>	80%	92%	73%	75%	72%	83%	84%	81%	93%	79%	74%
11. <i>Staff believe that I can grow, change and recover.</i>	80%	94%	74%	72%	77%	79%	86%	83%	88%	82%	81%
12. <i>My questions about treatment and/or medication are answered to my satisfaction.</i>	80%	98%	82%	73%	65%	86%	75%	89%	93%	75%	74%
27. <i>Staff and services are responsive to my changing needs.</i>	80%	90%	71%	71%	84%	80%	83%	94%	89%	76%	83%
13. <i>I feel free to complain.</i>	79%	92%	82%	72%	77%	84%	88%	78%	83%	74%	76%
29. <i>I deal more effectively with daily problems.</i>	78%	92%	77%	74%	72%	77%	81%	82%	81%	75%	81%
16. <i>I am encouraged to use consumer run programs (support groups, drop-in centers, crisis lines etc).</i>	78%	86%	83%	66%	84%	67%	85%	92%	89%	82%	78%
Average	77%	87%	74%	71%	73%	79%	81%	80%	85%	75%	77%

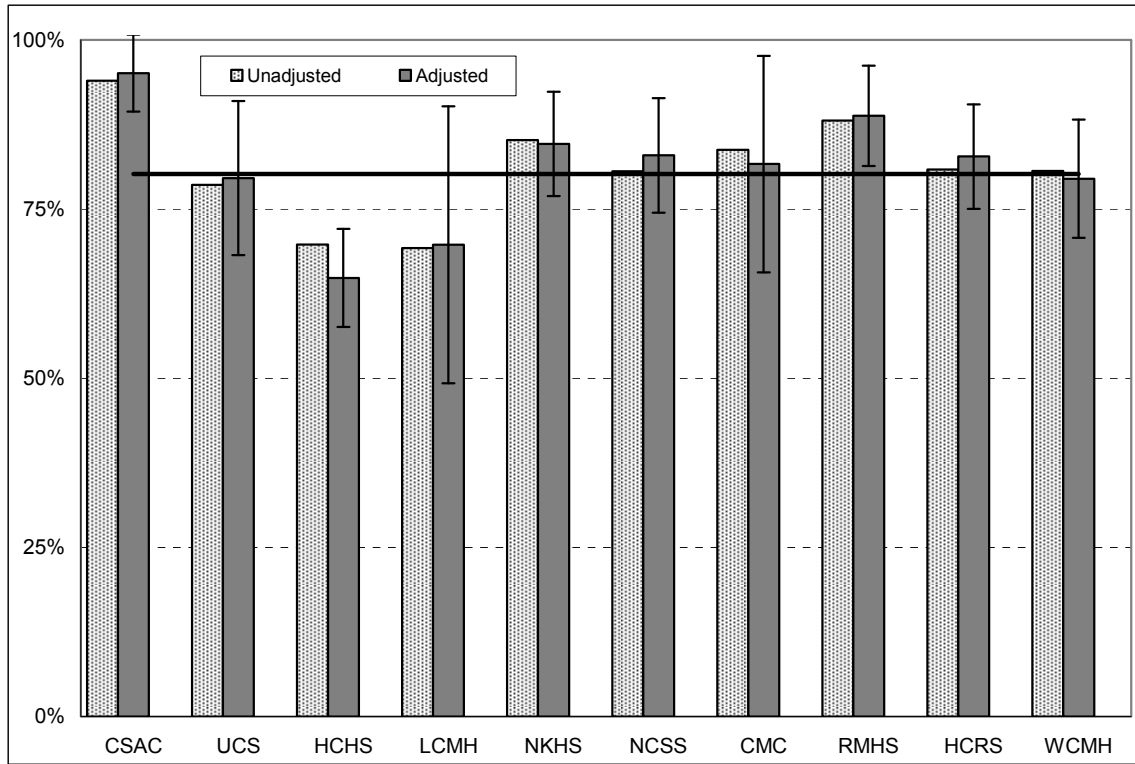
Table 3 (continued)

Positive Responses to Individual Items by Program

	<u>Statewide</u>	<u>Addison</u>	<u>Bennington</u>	<u>Chittenden</u>	<u>Lamoille</u>	<u>Northeast</u>	<u>Northwest</u>	<u>Orange</u>	<u>Rutland</u>	<u>Southeast</u>	<u>Washington</u>
38. <i>I am better able to take care of my needs.</i>	77%	88%	74%	71%	75%	76%	84%	82%	88%	74%	76%
22. <i>Staff help me get the information I need so that I can take charge of managing my illness.</i>	77%	92%	76%	72%	64%	83%	81%	81%	83%	67%	80%
2. <i>If I had other choices, I would still get services from this agency.</i>	77%	86%	75%	70%	65%	82%	81%	78%	82%	77%	80%
30. <i>I am better able to control my life.</i>	75%	84%	68%	73%	68%	73%	81%	68%	84%	74%	77%
20. <i>I, not staff, decide my treatment goals.</i>	75%	86%	73%	70%	67%	79%	79%	73%	87%	67%	76%
7. <i>Staff return my calls within 24 hours.</i>	75%	82%	68%	63%	73%	86%	84%	78%	84%	73%	73%
6. <i>I am satisfied with my progress in terms of growth, change and recovery.</i>	75%	86%	71%	68%	81%	74%	88%	78%	81%	71%	69%
42. <i>I have people with whom I can do enjoyable things.</i>	74%	80%	77%	67%	84%	76%	79%	82%	79%	69%	70%
31. <i>I am better able to deal with a crisis.</i>	74%	86%	70%	69%	76%	76%	69%	79%	78%	72%	71%
10. <i>I am able to see a psychiatrist when I want to.</i>	74%	88%	66%	70%	77%	72%	70%	68%	81%	83%	66%
37. <i>I do things that are more meaningful to me.</i>	73%	85%	66%	68%	71%	74%	72%	71%	84%	67%	77%
41. <i>I am happy with the friendships I have.</i>	73%	73%	71%	67%	76%	75%	84%	70%	77%	73%	70%
40. <i>I am better able to do things that I want to do.</i>	72%	76%	74%	63%	60%	74%	74%	76%	81%	67%	76%
44. <i>In a crisis, I would have the support I need from family or friends.</i>	71%	80%	68%	62%	76%	78%	79%	65%	79%	74%	66%
32. <i>I am getting along better with my family.</i>	70%	73%	71%	62%	71%	74%	68%	68%	80%	70%	70%
18. <i>Staff tell me what medication side effects to watch for.</i>	70%	84%	74%	62%	69%	77%	69%	67%	79%	63%	70%
35. <i>My housing situation has improved.</i>	70%	80%	73%	66%	65%	66%	71%	74%	78%	67%	65%
39. <i>I am better able to handle things when they go wrong.</i>	69%	80%	65%	64%	72%	71%	74%	74%	79%	57%	70%
36. <i>My symptoms are not bothering me as much.</i>	66%	73%	58%	62%	71%	65%	70%	64%	74%	64%	63%
33. <i>I do better in social situations.</i>	62%	69%	52%	62%	52%	57%	61%	64%	68%	63%	64%
43. <i>I feel I belong in my community.</i>	61%	66%	57%	56%	68%	58%	74%	58%	66%	58%	61%
34. <i>I do better at work and/or school.</i>	56%	77%	48%	57%	57%	44%	52%	46%	66%	52%	58%
Average	77%	87%	74%	71%	73%	79%	81%	80%	85%	75%	77%

Table 4

**Overall Evaluation
By Consumers Served by CRT programs in Vermont**



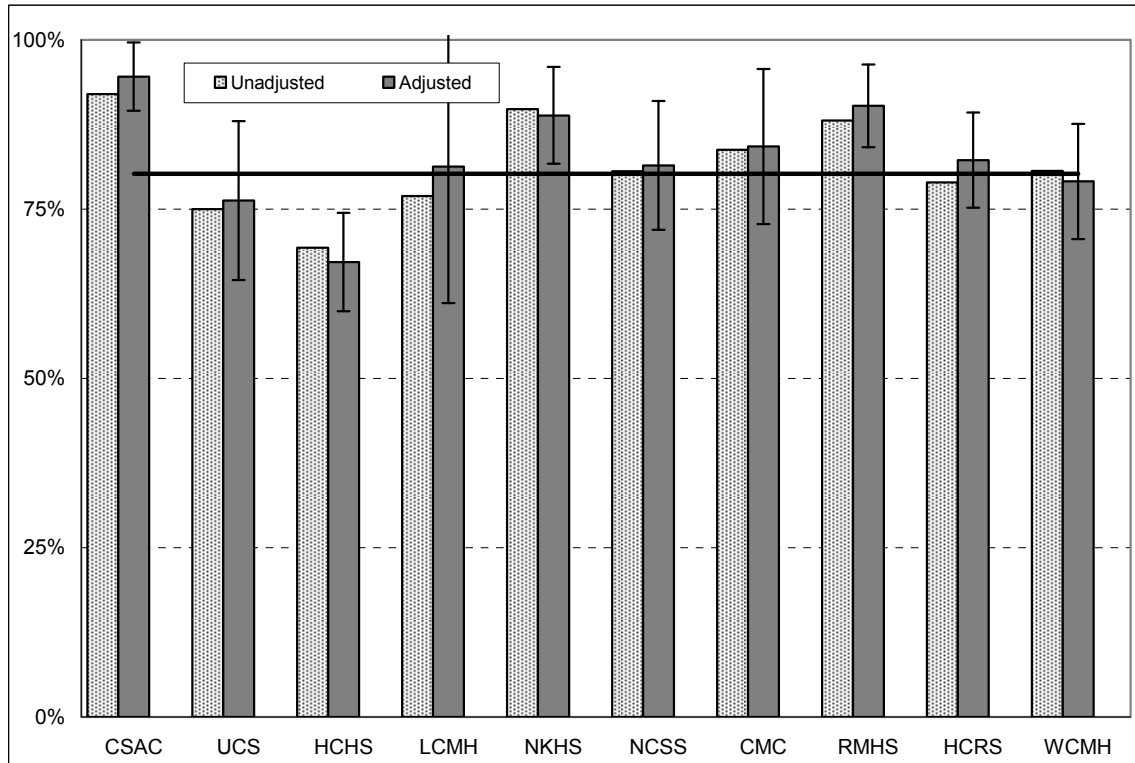
Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	50	47	94%	95%	(89%-100%)	*
Bennington - UCS	56	44	79%	80%	(68%-91%)	
Chittenden - HCHS	162	113	70%	65%	(58%-72%)	*
Lamoille - LCMH	26	18	69%	70%	(49%-90%)	
Northeast - NKHS	88	75	85%	85%	(77%-92%)	
Northwest - NCSS	67	54	81%	83%	(74%-91%)	
Orange - CMC	37	31	84%	82%	(66%-98%)	
Rutland - RMHS	84	74	88%	89%	(81%-96%)	*
Southeast - HCRS	94	76	81%	83%	(75%-91%)	
Washington - WCMH	93	75	81%	80%	(71%-88%)	
Statewide	757	607	80%			

¹ Statistically adjusted to reflect statewide caseload composition by diagnoses of schizophrenia and other psychoses, and anxiety disorder.

* Significantly different from average overall evaluation statewide (p<.05)

Table 5

**Evaluation of Access
By Consumers Served by CRT programs in Vermont**



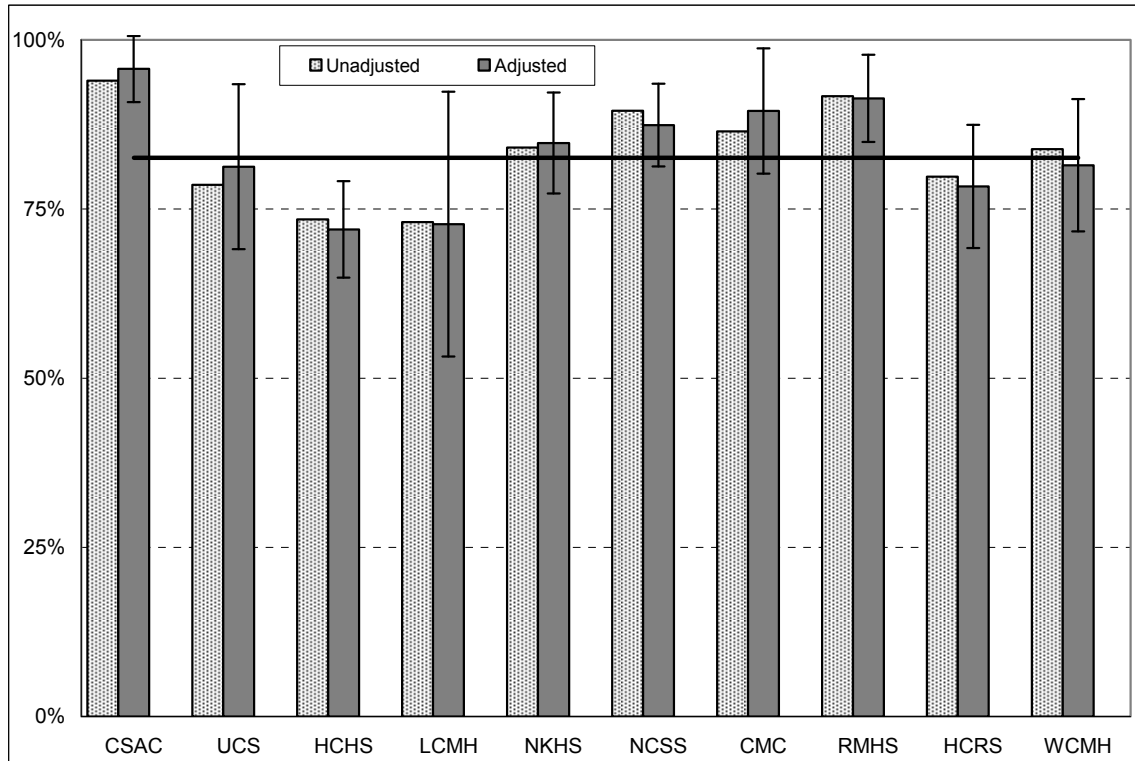
Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	50	46	92%	95%	(90%-100%)	*
Bennington - UCS	56	42	75%	76%	(65%-88%)	
Chittenden - HCHS	163	113	69%	67%	(60%-74%)	*
Lamoille - LCMH	26	20	77%	81%	(61%-100%)	
Northeast - NKHS	88	79	90%	89%	(82%-96%)	*
Northwest - NCSS	67	54	81%	81%	(72%-91%)	
Orange - CMC	37	31	84%	84%	(73%-96%)	
Rutland - RMHS	84	74	88%	90%	(84%-96%)	*
Southeast - HCRS	95	75	79%	82%	(75%-89%)	
Washington - WCMH	93	75	81%	79%	(71%-88%)	
Statewide	759	609	80%			

¹ Statistically adjusted to reflect statewide caseload composition by diagnoses of schizophrenia and other psychoses, and personality disorder.

* Significantly different from average overall evaluation statewide (p<.05)

Table 6

**Evaluation of Service
By Consumers Served by CRT programs in Vermont**

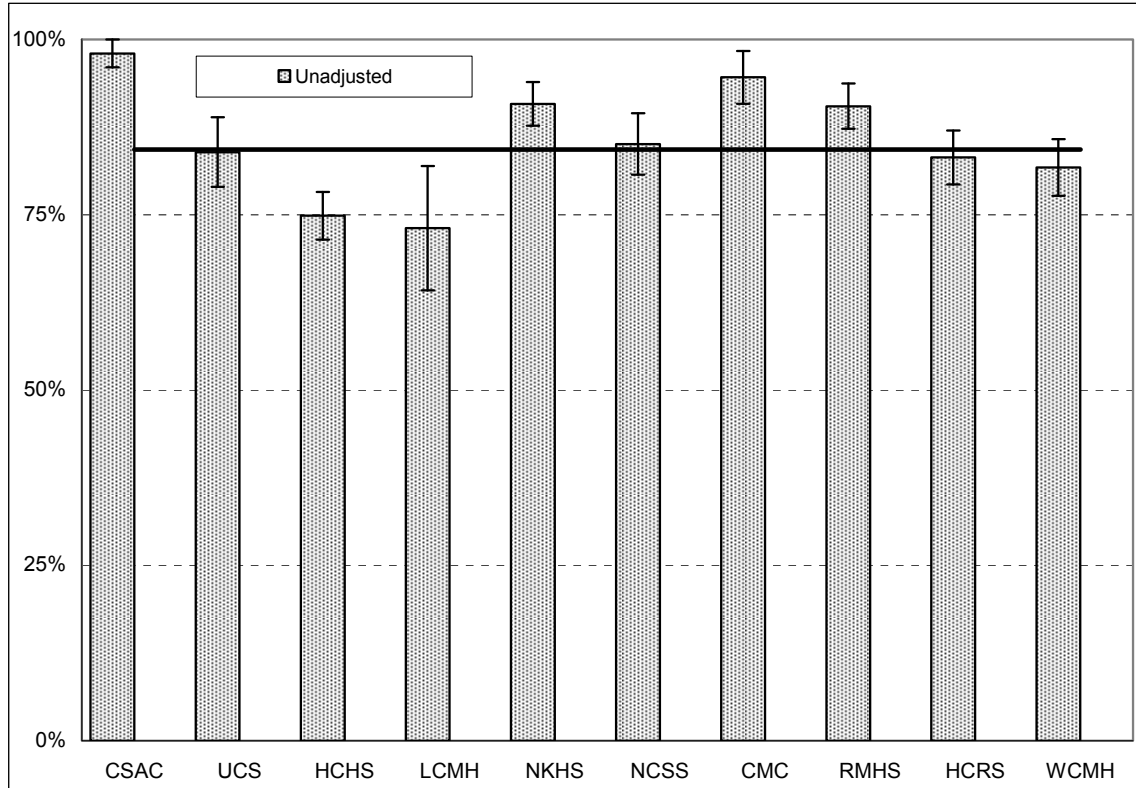


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	50	47	94%	96%	(91%-100%)	*
Bennington - UCS	56	44	79%	81%	(69%-93%)	
Chittenden - HCHS	162	119	73%	72%	(65%-79%)	*
Lamoille - LCMH	26	19	73%	73%	(53%-92%)	
Northeast - NKHS	88	74	84%	85%	(77%-92%)	
Northwest - NCSS	67	60	90%	87%	(81%-94%)	
Orange - CMC	37	32	86%	89%	(80%-99%)	
Rutland - RMHS	84	77	92%	91%	(85%-98%)	*
Southeast - HCRS	94	75	80%	78%	(69%-87%)	
Washington - WCMH	93	78	84%	81%	(72%-91%)	
Statewide	757	625	83%			

¹ Statistically adjusted to reflect statewide caseload composition by age and diagnosis of schizophrenia and other psychoses.

* Significantly different from average overall evaluation statewide (p<.05)

Table 7
Evaluation of Respect
By Consumers Served by CRT programs in Vermont

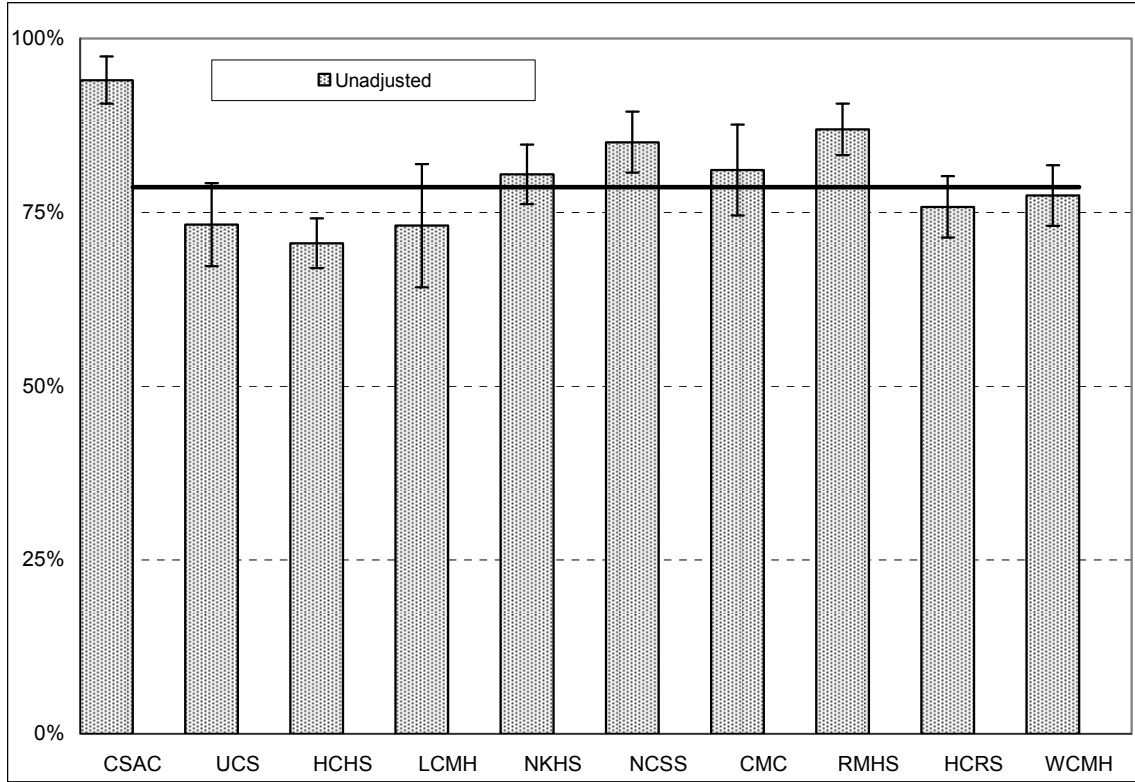


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance
Addison - CSAC	50	49	98%	(94%-100%)	*
Bennington - UCS	56	47	84%	(74%-94%)	
Chittenden - HCHS	163	122	75%	(68%-82%)	*
Lamoille - LCMH	26	19	73%	(56%-90%)	
Northeast - NKHS	87	79	91%	(85%-97%)	*
Northwest - NCSS	67	57	85%	(76%-94%)	
Orange - CMC	37	35	95%	(87%-100%)	*
Rutland - RMHS	84	76	90%	(84%-97%)	
Southeast - HCRS	95	79	83%	(76%-91%)	
Washington - WCMH	93	76	82%	(74%-90%)	
Statewide	758	639	84%		

* Significantly different from average overall evaluation statewide (p<.05)

Table 8

**Evaluation of Autonomy
By Consumers Served by CRT programs in Vermont**

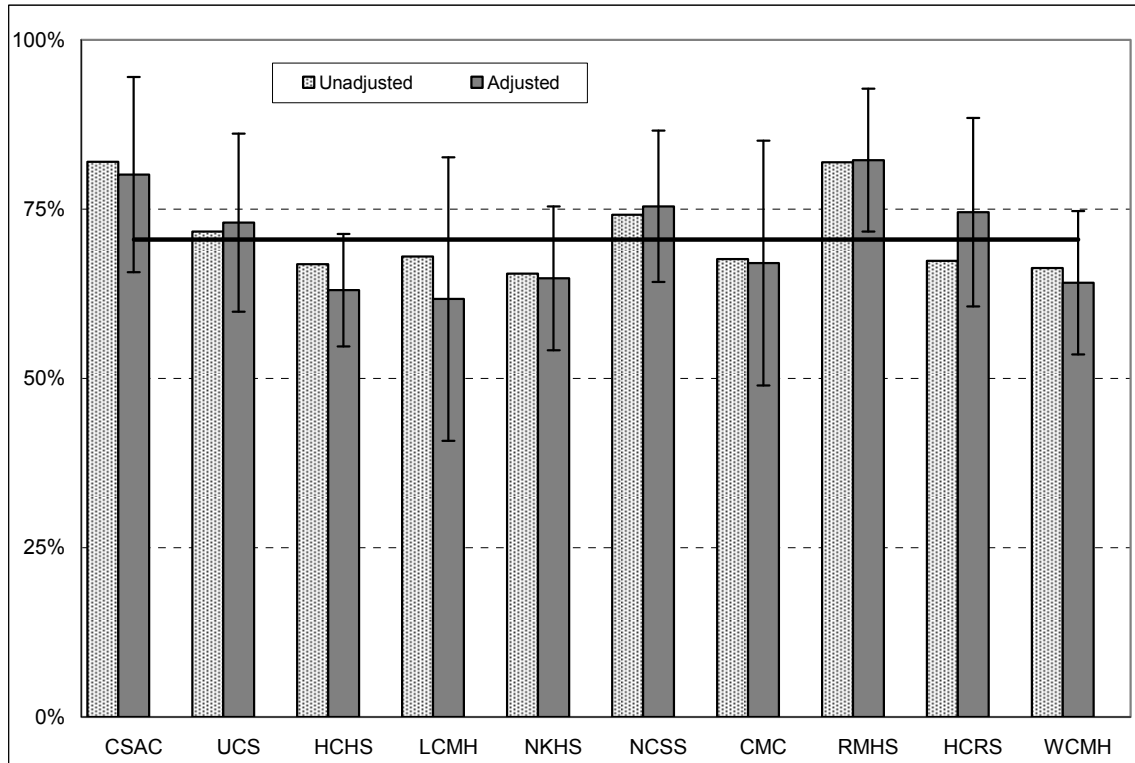


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance
Addison - CSAC	50	47	94%	(87%-100%)	*
Bennington - UCS	56	41	73%	(62%-85%)	
Chittenden - HCHS	163	115	71%	(64%-78%)	*
Lamoille - LCMH	26	19	73%	(56%-90%)	
Northeast - NKHS	87	70	80%	(72%-89%)	
Northwest - NCSS	67	57	85%	(76%-94%)	
Orange - CMC	37	30	81%	(68%-94%)	
Rutland - RMHS	84	73	87%	(80%-94%)	*
Southeast - HCRS	95	72	76%	(67%-84%)	
Washington - WCMH	93	72	77%	(69%-86%)	
Statewide	758	596	79%		

* Significantly different from average overall evaluation statewide (p<.05)

Table 9

**Evaluation of Outcomes
By Consumers Served by CRT programs in Vermont**



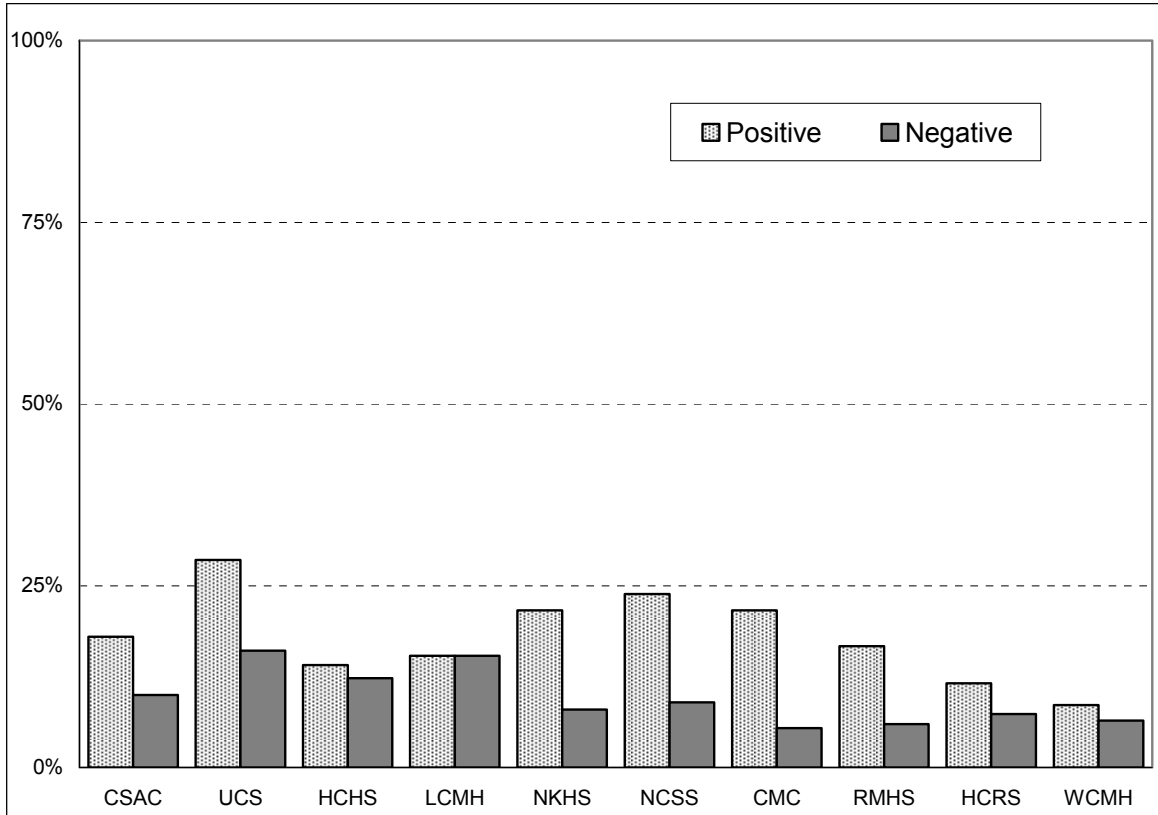
Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	50	41	82%	80%	(66%-95%)	
Bennington - UCS	53	38	72%	73%	(60%-86%)	
Chittenden - HCHS	157	105	67%	63%	(55%-71%)	
Lamoille - LCMH	25	17	68%	62%	(41%-83%)	
Northeast - NKHS	84	55	65%	65%	(54%-75%)	
Northwest - NCSS	62	46	74%	75%	(64%-87%)	
Orange - CMC	34	23	68%	67%	(49%-85%)	
Rutland - RMHS	83	68	82%	82%	(72%-93%)	*
Southeast - HCRS	92	62	67%	75%	(61%-88%)	
Washington - WCMH	89	59	66%	64%	(54%-75%)	
Statewide	729	514	71%			

¹ Statistically adjusted to reflect statewide caseload composition by diagnoses of schizophrenia and other psychoses, anxiety disorder, and personality disorder.

* Significantly different from average overall evaluation statewide (p<.05)

Table 10

**Positive and Negative Comments
By Consumers Served by CRT programs in Vermont**



Region - CMHC	# Respondents	# Positive Comments	% Positive Comments	# Negative Comments	% Negative Comments
Addison - CSAC	50	9	18%	5	10%
Bennington - UCS	67	16	24%	9	13%
Chittenden - HCHS	163	23	14%	20	12%
Lamoille - LCMH	26	4	15%	4	15%
Northeast - NKHS	95	19	20%	7	7%
Northwest - NCSS	88	16	18%	6	7%
Orange - CMC	37	8	22%	2	5%
Rutland - RMHS	84	14	17%	5	6%
Southeast - HCRS	56	11	20%	7	13%
Washington - WCMH	93	8	9%	6	6%
Statewide	759	128	17%	71	9%

APPENDIX VI

Community Rehabilitation and Treatment Programs in Vermont

This report provides assessments of the ten regional Community Rehabilitation and Treatment programs that are designated by the Vermont Department of Mental Health (DMH). CRT programs serve clients who are severely disabled because of serious mental illness. Frequently these programs are providing community services as an alternative to institutionalization. In addition to regular outpatient services, CRT programs provide day treatment services, case management services, vocational services and a variety of residential services to clients who have a chronic mental illness. Throughout this report, these CRT programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison (CSAC)	Counseling Service of Addison County in Middlebury.
Bennington (UCS)	United Counseling Services in Bennington.
Chittenden (HC)	HowardCenter in Burlington.
Lamoille (LCMH)	Lamoille County Mental Health Services in Morrisville.
Northeast (NKHS)	Northeast Kingdom Human Services in Newport and St. Johnsbury.
Northwest (NCSS)	Northwest Counseling and Support Services in St. Albans.
Orange (CMC)	Clara Martin Center in Randolph and Bradford.
Rutland (RMHS)	Rutland Mental Health Services in Rutland.
Southeast (HCRS)	Health Care and Rehabilitation Services of Southeastern Vermont in Bellows Falls, Brattleboro, Springfield, and White River Junction.
Washington (WCMH)	Washington County Mental Health Services in Barre, Berlin and Montpelier.